



## MISCELLANEOUS ANALGESICS PA SUMMARY

<b>PREFERRED</b>	Butalbital/apap tablets, Butalbital/apap/caffeine tablets, Butalbital/asa/caffeine tablets, Marten-tab, Tramadol, Tramadol/acetaminophen
<b>NON-PREFERRED</b>	Bupap, Butalbital/apap/caffeine capsules, Butalbital/asa/caffeine capsules, Cephadyn, Conzip, Dolgic Plus, Orbivan, Orbivan CF, Phrenilin Forte, Tramadol ER, Zebutal

**LENGTH OF AUTHORIZATION:** 6 months

**NOTE:** If Conzip is approved, the prescriber will be asked to change the prescription to generic tramadol ER.

### PA CRITERIA:

*For Bupap, Cephadyn, Orbivan CF, Phrenilin Forte*

- ❖ Physician should submit a written letter of medical necessity stating the reasons the preferred product, Marten-tab, and at least one other preferred analgesic are not appropriate for the member.

*For Butalbital/Asa/Caffeine Capsules, Butalbital/Apap/Caffeine Capsules, Dolgic Plus, Orbivan, Zebutal*

- ❖ Physician should submit a written letter of medical necessity stating the reasons the preferred product, generic butalbital/apap/caffeine tablets, and at least one other preferred analgesic are not appropriate for the member.

*For Conzip, tramadol ER*

- ❖ Approvable for members 18 years of age or older with a diagnosis of moderate to moderately severe chronic pain who require around-the-clock treatment of their pain for an extended period of time

*AND*

- ❖ Member must have experienced trial and failure of generic tramadol (immediate-release) dosed around-the-clock.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.



**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.